

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## SKIP COUNTING BY 2S

*Fine Motor & Cognitive Skills Activity*

-  **RED:** Skip Count by 2s (2, 4, 6, 8...)  
 **YELLOW:** Odd Numbers (1, 3, 5, 7...)

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| 1  | 2  | 4  | 3  | 6  | 8  | 5  |
| 10 | 12 | 14 | 16 | 18 | 20 | 22 |
| 24 | 26 | 28 | 30 | 32 | 34 | 36 |
| 7  | 38 | 40 | 42 | 44 | 46 | 9  |
| 11 | 13 | 48 | 50 | 52 | 15 | 17 |
| 19 | 21 | 23 | 54 | 25 | 27 | 29 |